

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

40047

FILED DEC 27 1950

State File No. 95-58

Registrar's No. 95-58

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5781	
1. PLACE OF DEATH a. COUNTY Cape Girardeau			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cape Girardeau		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Applecreek		c. LENGTH OF STAY (in this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Applecreek 01611	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____			d. STREET ADDRESS (If rural, give location) _____		
3. NAME OF DECEASED (Type or Print) Theodore G. Kirn			4. DATE OF DEATH (Month) Dec. 11 (Day) 1950 (Year)		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Nov. 3 1871	9. AGE (In years last birthday) 79
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Cape Girardeau Co. Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Bernard Kirn		13b. MOTHER'S MAIDEN NAME Louise Renner		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Murphy Kirn Freidheim Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobular Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 490X			INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from No. Excelsior, 19, to 29th W. 19, that I last saw the deceased alive on 12-11, 1950, and that death occurred at 10:22 a.m., from the causes and on the date stated above.					
23a. SIGNATURE R.D. Blacklock M.D.		23b. ADDRESS Oak Ridge, Mo.		23c. DATE SIGNED 12-13-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 14 1950		24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery	
24d. LOCATION (City, town, or county) Biehle Mo.		24e. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. Dec 15-50		REGISTRAR'S SIGNATURE S. H. Schmitt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Young & Sons Perryville, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 20 1950

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer No.

Signed

Signed.....
Student Embalmer

Licensed Embalmer No. 7138

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.